

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>WYANDOTTE</u>	<u>SW 1/4 SW 1/4 SW 1/4</u>	<u>27</u>	<u>T 10 S</u>	<u>R 25 E</u>

Distance and direction from nearest town or city street address of well if located within city?

3126 BRINKERHOFF RD K.C. KS 66115

WELL No PZ-3A

2 WATER WELL OWNER: <u>UNISON TRANSFORMER SERVICES</u>	Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: <u>3126 BRINKERHOFF RD</u>	
City, State, ZIP Code: <u>KANSAS CITY KANSAS 66115</u>	

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>32</u> ft. ELEVATION: <u>748 MSL</u>
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
	WELL'S STATIC WATER LEVEL <u>2015</u> ft. below land surface measured on mo/day/yr <u>5/5/94</u>
	Pump test data: Well water was ft. after hours pumping gpm Est. Yield gpm: Well water was ft. after hours pumping gpm Bore Hole Diameter <u>8</u> in. to <u>34</u> ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input checked="" type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes.....No..... <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted	
Water Well Disinfected? Yes No <input checked="" type="checkbox"/>	

5 TYPE OF CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)
<input checked="" type="radio"/> 2 PVC	4 ABS	7 Fiberglass	Welded
Blank casing diameter <u>2</u> in. to <u>22</u> ft., Dia. in. to ft., Dia. in. to ft.	Casing height above land surface <u>0</u> in., weight <u>0.70</u> lbs./ft. Wall thickness or gauge No. <u>SEN 40</u>		
TYPE OF SCREEN OR PERFORATION MATERIAL:	<input checked="" type="radio"/> 7 PVC		
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS
10 Asbestos-cement	11 Other (specify)	12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
1 Continuous slot	<input checked="" type="radio"/> 3 Mill slot <u>10-SLOT</u>	6 Wire wrapped	9 Drilled holes
2 Louvered shutter	4 Key punched	7 Torch cut	10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <u>22</u> ft. to <u>32</u> ft., From ft. to ft.	From ft. to ft., From ft. to ft.		
GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>32</u> ft., From ft. to ft.	From ft. to ft., From ft. to ft.		

6 GROUT MATERIAL:	1 Neat cement	<input checked="" type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other
Grout Intervals: From <u>0</u> ft. to <u>16</u> ft., From <u>16</u> ft. to <u>20</u> ft., From ft. to ft.	What is the nearest source of possible contamination:			
1 Septic tank	4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	12 Fertilizer storage	<input checked="" type="radio"/> 16 Other (specify below)
Direction from well? <u>NORTH</u>	13 Insecticide storage <u>CLOSED INDUSTRIAL FACILITY</u>			
	How many feet? <u>50 FT</u>			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>1</u>	<u>concrete & subgrade.</u>			
<u>1</u>	<u>14</u>	<u>SILTY CLAY FILL</u>			
<u>14</u>	<u>18</u>	<u>LOW PLASTIC CLAYEY SILT (ML)</u>			
<u>18</u>	<u>22</u>	<u>FINE-VEINE SILTY SAND (SM)</u>			
<u>22</u>	<u>27</u>	<u>FINER-MED SAND (SP)</u>			
<u>27</u>	<u>31</u>	<u>MEDIUM SAND (SP)</u>			
<u>31</u>	<u>33</u>	<u>VERY FINE SILTY SAND (SM)</u>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>APRIL 21, 1994</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>JULY 13, 1994</u> under the business name of _____ by (signature) <u>[Signature]</u>	
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